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CONFIRMATION NO. 4572

SERIAL NUMBER 10/664,371	FILING OR 371(c) DATE 09/17/2003 RULE	CLASS 606	GROUP ART UNIT 3775	ATTORNEY DOCKET NO. HAN-022	
APPLICANTS Jorge L. Orbay, Miami, FL; ** CONTINUING DATA ***** This application is a CIP of 10/401,089 03/27/2003 PAT 6,866,665 ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 7
ADDRESS 36822					
TITLE ANATOMICAL DISTAL RADIUS FRACTURE FIXATION PLATE					
FILING FEE RECEIVED 1856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		